

**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	MUSAEPENDIC, JASKO
Title	WIRELESS COMPUTER INPUT DEVICE
Art Unit	1600
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint,

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29,689

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(a) is enclosed (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	08/26/2008
Name	MUSAEPENDIC, JASKO	Telephone	
Title and Company			

NOTE: Signature or the name and address of record of the wife/mother or other representative(s) are required. Submit multiple forms if more than one representative is necessary. See below.

Total of _____ names are submitted.

The collection of information is required by 37 CFR 1.31, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to the end of the USPTO to process an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.13. This invention is estimated to take 3 minutes to complete, including gathering, preparing, and transmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, including suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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